

1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

22106

State File No. \_\_\_\_\_

Registration District No. 460

Primary Registration District No. 4274

Registrar's No. 28

1. PLACE OF DEATH:

(a) County LAFAYETTE  
(b) City or town HIGGINSVILLE MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE  
(c) City or town CONCORDIA MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

WILLIAM B. THOMAS

8. (b) If veteran, name war No

8. (c) Social Security No. 495-05-9636

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JULY (Month)

24 (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>10</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace

HIGGINSVILLE MO (City, town, or county) (State or foreign country)

10. Usual occupation

WEIGHMAN COAL MINE

11. Industry or business

COAL MINING

12. Name

THOMAS THOMAS

13. Birthplace

WHALES ENGLAND (City, town, or county) (State or foreign country)

14. Maiden name

KATHRYN TALBOT

15. Birthplace

KENTUCKY U.S.A. (City, town, or county) (State or foreign country)

16. (a) Informant

Mr BUTLER THOMAS

(b) Address

HIGGINSVILLE MO

17. (a) BURIAL

(b) Date thereof JUNE 16, 1940

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

HIGGINSVILLE CITY CEMETERY

18. (a) Signature of funeral director

E. S. James

(b) Address

Concordia, Mo.

19. (a) July 2-40

(b) T. J. Moore

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 14  
year 1940 hour 6:45 minute P M.

21. I hereby certify that I attended the deceased from Sept 16, 1939, to June 14, 1940

that I last saw him alive on June 14, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral spinal arteriosclerosis Duration 8 mo

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. M. Moore (M. D. or other) \_\_\_\_\_

Address Higginsville Mo Date signed 6-16-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

AM  
Date Filed 7-3-10  
District File Number  
District Health Officer No. 8  
RECEIVED

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**